Interview with CAPT Benjamin Newman, MC, USNR, Senior Medical Officer aboard USS *Bataan* (LHD-5). Conducted by Jan K. Herman, Historian, Bureau of Medicine and Surgery, Washington, DC, 8 October 2002.

Where did you grow up?

I was born and raised in Philadelphia. My father was a physician and did general practice and anesthesia at St. Luke's Hospital in Philadelphia. He was not in the military but spoke highly of the military. I stayed in the neighborhood called Logan until I was 19. I then went away to college and my parents moved.

From a military standpoint, I remember air raid drills during World War II. I was born in 1940. In '42 and '43 we had air raid drills in Philadelphia. Only a physician and public safety people could drive cars. I remember driving with my father in a car with a white flag. Doctors had old Buicks with flags flying from their antennas. As a child, I remember being scared with the blackouts and the sirens going.

I had many cousins who were in World Wars I and II. I loved war stories and hearing what they did. Their patriotism was very impressive to me and I thought that was an important calling for me.

Fast forwarding in terms of joining the military, I was a Yellow cab driver in Philadelphia. I had plenty of opportunities to drop sailors off at the Navy Yard. I was so impressed with those ships--every ship you ever heard of from every war movie was there. I used to drop sailors off and then drive around for hours and never make money. I had a terrible income. I'd position my cab outside south Philadelphia so I would have a sailor hail me and I'd take them into the base; I couldn't get in without a sailor in the back seat. And after I'd drop them off, I'd just stay there. I just loved it. I said to myself, "When I can, I want to do this." I also loved the uniform. That was one of the drawing attractions. The uniform and the ships.

There was a program called the "Ensign 1915" program. It said that when you were accepted by a medical school, you could be commissioned. In '62 I became an ensign and served 45 days for the three summers at the Philadelphia Naval Hospital and at the Navy base while I was in medical school. I was ahead of my classmates who didn't have any training. I knew how to wear the uniform. I was on active duty and my knowledge of Navy tradition and my love for the Navy was intense. I didn't join the Navy because I did not want to be in the Army. I joined the Navy because I wanted to be in the Navy. Most of my colleagues joined the Navy so they wouldn't be drafted.

Did you think of the Navy as a career at that point?

I did think of it as a career. I wasn't a hundred percent sure but there was a strong possibility. My father was a physician who lived in Philadelphia and I had a great admiration for my father. There was a part of me that wanted to go back there and be in private practice so I could please my father and he could have a son--a doctor--and I could consult with him. That was a thing that was very important to me. Being a Jewish guy, that was important. My brother is a physician. We thought that we would be together there for a while. But making a career of the Navy was high on my list.

Where did you go to medical school?

The University of Cincinnati. During the summers of that medical school, I was on active duty.

Then I interned at Abington Hospital outside Philadelphia. I went to BUPERS, which was in Washington, so I could see my detailer. I thought that being proactive was the thing to do. Vietnam was going on. I called him and then drove down from Philadelphia. He said there were two things he could give me--the Marines or sea duty. I said I'd take sea duty.

Halfway through my internship, I got orders to report to DESRON 2 as a medical officer for Destroyer Squadron 2 in Norfolk. I was thrilled with the possibility of going to sea.

What destroyer did you report to?

There were five destroyers in the squadron--*Blandy* [DD-943], *Borie* [DD-704], *Steinaker* [DD-863], and *Rich* [DD-820]. I was so happy with the CO of the Steinaker--CDR Hal Sachs, that I named my second son Theodore Steinaker Newman. I just loved that ship.

When I got orders, I found that the squadron was going to Vietnam. My detailer, CDR [??] Ruge, who became ADM Ruge later, didn't tell me that part. I thought I was going out on the Atlantic Ocean someplace.

What year was that?

We departed for Vietnam in '67. I was happy to do that. It was very exciting and I wanted to do it. I kind of kept these thoughts to myself, though because I had a wife and a child and I thought people would think there was something strange about me if I told them I wanted to do this. I didn't think they would understand my patriotism and me wanting to do the right thing. So I kept those thoughts to myself. In those days, a physician got orders to a ship for 1 year. My year expired about 3 months while I was in Vietnam and the ship had another 4 months to go. So I could have been relieved on station. But I couldn't do that. I trained with these guys. So I extended so I could come back with my ship. And I never told anybody about that. My family today does not know that. It's hard to express the feelings unless you've been there. There's cohesiveness as a unit and you want to be there as a doctor if these kids get hurt. Only I can take care of them; that's the mental set. I know it's not realistic or true but in my heart I really believe it because you know these people so well. So I extended and came back with my ship.

When I got over there, we had an exchange of data with the USS *New Jersey* [BB-62]. We had just come from the Philippines to the Tonkin Gulf. We saw the *New Jersey* fire a salvo, which was exciting. We were dead in the water and put a small boat over the side. We sent our people over--one was my roommate--to exchange data because they were leaving and we were relieving the ship on station.

We were there for about an hour and were fired upon. We got bracketed but didn't get hit. We took off with the small boat--the captain's gig with my roommate aboard, Paul Elson--trying to make it back to us. And we were making smoke and leaving them. We could see them getting smaller and smaller as we ran further out from the shore. About 10 or 12 hours later they finally caught up to us. It was nice to see my roommate again.

Was it a shore battery firing on you?

Yes. The sad thing was when we looked at the chart, there were two big, red circles which indicated that other ships at other times were fired upon right there. Why did we go there? I don't know.

Another time the *Du Pont* [DD-941] took a hit on the bridge. Anyway, we'd do our thing. The *Blandy* shot more rounds than any other destroyer then or now--50,000 or so rounds. We shot so much that we had our 5-inch/54 guns retooled twice in the Philippines.

While I was there, I got orders to the 3rd Marine Division at Dong Ha. They needed a doctor. So I spent about a month right below the DMZ. I saw stuff I wasn't prepared to see. It was terrible. There was no training like there is today. This whole part is very emotional for me; it's good for me to talk about it.

Today, we send kids to ACLS and ATLS. When I was a kid at Abington [Hospital], I knew everything there is to be known about diabetes, lupus, heart failure, and all the high falutin' diseases you get in the Main Line of Philadelphia with the upper crust. But I didn't know anything about combat injuries. No one talked about this stuff. The Navy didn't teach it. My corpsmen taught me what I needed to know. They were wonderful. I couldn't treat an ear infection because I had never seen an ear infection. No one goes to the hospital with an ear infection, or a rash, or minor depression, or separation anxiety. That's what happens on ships.

Anyway, a helicopter came out to the ship for me. Actually two helicopters came out. When the Marines flew, they always flew a gun ship and another helicopter--both Hueys. They forgot to bring a rope so they had me go on top of the gun mount and actually came down on me. I went through the "hell hole," the hole in the floor of the helicopter.

Once I got to Dong Ha, I was the most junior lieutenant there. We were just below the DMZ and got shelled almost every day. And between us and the DMZ were land mines. I don't think the bad guys shelled us deliberately. In their infinite wisdom, the Air Force built an air station right behind us and I think rounds meant for them were falling short and landing on us.

We had two operating rooms, one above, and when we began getting shelled, we'd go down to the sandbag operating room. We'd have helicopters come in with 10 or 15 patients at once; it was overwhelming.

Did you have any other physicians there with you?

Yes. We had a surgeon, anesthesia nurses. It was a med battalion with maybe 30 or 40 corpsmen, an x-ray, three operating rooms. We had a ward of 10 or 12 beds. And because the Air Force base was right there, we'd medevac them gradually. I actually have movies of stretcher patients being carried to ambulances and driving down to the airfield where they would take off in C-130s.

So you were seeing a lot of trauma.

A lot of trauma. I had just had my internship and I was doing surgery along with corpsmen opening up bellies. Someone would give the patients anesthesia. Then I'd grab their aorta with my hand to stop bleeding below it and wait until a surgeon came in to do the repair. Then I'd let go and move on to someone else. No one knows what they can do until they have to do it. We all have the ability to do more than we think we can. You don't know what you can do until you're back is against the wall.

These corpsmen who did wonderful things over there came back to the U.S. and weren't legally allowed to put Band-Aids on patients. The Navy saw that we could use these people so the Navy was instrumental in starting the first physician's assistant program in the United States with Georgetown University.

We were in Cambodia and awards were given to people but they weren't authorized to wear them. There in no records because we weren't supposed to be there. Even today, we don't talk about being in Cambodia even though books have been written about it.

How did you get from the DMZ all the way to Cambodia?

I went on a couple of helicopter raids with the Marines. It wasn't uncommon to use Dong Ha as a base to go off to other places. I traveled a lot. I medevaced patients myself to DaNang.

NSA [Naval Support Activity]?

Yes. I just took patients there; I never spent the night. It was overwhelming--huge, just loaded with patients.

When you were up at Dong Ha, did you have enough supplies to take care of patients adequately? Did you ever run out of the things you needed?

We couldn't do much. We had air support to take people away, which was a godsend. We had nothing fancy. We kept patients 1 or 2 days so we didn't need a lot of supplies for long-term care. When I first reported at Dong Ha I saluted and people just laughed at me and told me to get busy. There was a Marine with his boots on. He had stepped on a land mine. His foot was just held on by a piece of flesh. The doctor took his foot and, with a knife, just went like that. I've never forgotten that. He took the boot with the foot in it and just threw it in a paper box. The reason I tell you that story. . . Because that's how you get when you see so much of that stuff. You almost get pissed off at some of the moans and groans. It was just annoying after a while.

When I first got there, there were some VC [Vietcong] who were beat up and hurt. I started to take care of them. I didn't know what the rules were. I really got chewed out my first day. You were supposed to take care of your own first. I remember they looked so young with little black drawers. They had been interrogated and they were puffy and couldn't breathe. It's not like I let an American down; there were no Americans to take care of so I could take care of these people.

I was impressed with the discipline of the Marines. I really believe that the training pays off when they need it. Even when these guys were dying they were Marines. I can even tell a Marine naked from an Army or a Navy guy just by his reaction. It's always "Yes sir, no sir"--that type of stuff.

I remember a guy who had Willy Peter--white phosphorous burns--over his entire body. He had morphine and wasn't in much pain but still in some pain. He said to me, "Am I gonna die?" I had no idea how to answer that question. I just walked away from him. It was terrible. I asked one of the doctors, "Is he going to die?" I had never taken care of anyone who had white phosphorus burns.

"Yeah, he's gonna die."

You were never the same after that. As the most junior guy there, I sometimes had to assign corpsmen to go out in the field with the Marines. That was the worst job in the world because these guys might not come back. And a lot of them didn't. You don't forget that. I have a son who's a corpsman now. I have so much respect for corpsmen.

Also, during the same deployment, I got back to the ship and a couple of months later they told me to go to another ship in North Vietnamese waters--the USS *England* (DD-). It had

a Huey and when a pilot went down, we'd go rescue him. That was very exciting. I really enjoyed that.

So, after your deployment to Dong Ha you went back to your ship?

Yes. The Dong Ha deployment was a TAD.

How long were you there?

A month. Then I was on the *England* for another month and did SAR work. The most grateful patient was the one you pick out of the water. We worked as close as 5 miles off North Vietnam. Most we picked up were in pretty good shape. But they all had back fractures from ejecting. That was the most common thing we saw.

While I was in Vietnam, we had some dangerous missions at sea. We participated in "Operation Market Time," where two destroyers would go along the coast of North Vietnam. One ship would be close acting as a decoy and the shore batteries would fire. Then the other ship would fire back. We switched off being decoy. We did that for a month and got fired at lots. I have movies of our ship being bracketed. You can see us making smoke, firing the 5-inch guns, and us throwing brass over the side. You can see the splashes in the water.

When I got back I ended up at what eventually was renamed the Boone Clinic at Little Creek [VA] taking care of dependents. To see a woman come in with a complaint of a headache. I didn't say this but in my mind I was saying, "What the hell are you bothering me for with a headache or a backache, or a cold. You're wasting my time." After Vietnam, I lost sensitivity. After seeing those wounded kids, I could ask, "What are you doing here?"

It took some effort to get that sensitivity back. That's why I decided I couldn't stay on active duty. I got out in '68.

You got back from Vietnam in '67.

Right. I had been there 9 months. I had to get out. I'm a very sensitive guy. Psychiatry was something I was very interested in and still am. But I couldn't do that all day. I like different things and I wanted to be a family doctor. I like going to a different room every half hour and having a different kind of patient. To see bad backs all day or psych patients . . . I really wanted to see everything and really get to know people and their families. I thrive on this.

That's why I loved these corpsmen. I knew them. I'd go out and smoke with them. In those days IVS were glass bottles. When the corpsmen went out in the field we didn't require them to carry IV solutions. Plasma was in cans--plastic. They didn't have to carry IVS but they did. They carried IV glass in their cargo pockets. Even if they didn't smoke they carried extra cigarettes for the wounded. They were wonderful.

I had a corpsman on the *Bataan*. I'm an old guy. I'm past the stage where I hammer people. When I was a young lieutenant or jagee, I had to use the stripes. Now I father everybody. If I can give someone a break I will. I had a corpsmen a couple of months ago on the *Bataan* who found out at 4 o'clock that the bacteriology report for the ship was bad. Yet he went home. He was a preventive medicine technician. He got a call from the hospital saying that the sample he had submitted showed bacteria in the drinking water. He went home and didn't tell anybody. I found out about it the next day and sent him to captain's mast. As the department head, you go to mast to support your man. I went and I asked captain if I could talk to Petty Officer Jenkins. "Petty Officer Jenkins, when I think of a hospital corpsman my mind takes me back to a battle in Vietnam where I saw a guy bending over and shielding a wounded

Marine from further damage, starting an IV, giving him a cigarette, exposing his life to protect his patient. What you did goes against everything I believe in. Captain, I think you should fry him." I've never done that before. If anything, I've been accused of being too lenient, being too nice to a human being. As a doctor, that's not such a bad thing.

I got back from Vietnam and was discharged in '69. I stayed in the reserves and moved back to Philadelphia where I started a practice. I loved the Navy and was a spokesman for the Navy.

Then I moved to Orlando in '72 and because of my experiences I was interested in emergency medicine. I was a family doctor with my own practice and was doing quite well. I came upon an accident there on a highway in Orlando. I stopped, took care of the patient, realized there was no system, and developed the EMS system in Orlando. I became the medical director of Emergency Medical Services and also used the GI Bill to learn to fly helicopters and became a helicopter pilot flying for the sheriff's office. I did that from '72 until 1998. But during that time I was always an active reservist, drilled more than I had to, and had command of two Marine medical battalions. In '91 I was called up during Desert Storm and was the force surgeon for 2 MEF at Camp Lejeune. GEN [Carl] Mundy, the Commandant, was my boss. I was in Kuwait and Saudi Arabia. It was mostly walking around giving talks. I had a powerful title but really no job.

What happened in '98?

I did my 3 months in the Gulf and came back. Like most doctors in private practice I just had had it with the intrusion of the insurances companies. So I decided to come back in the Navy. During my reserve duty I drilled 17 different times at a place called Winter Harbor, ME. It was wonderful. I spoke to CAPT Nathan and asked him if I could go back there. He said yes. I sold my practice and moved up to Winter Harbor and was there for 2 years. Then I wanted to go to sea again very badly.

This is a highly unusual situation.

I'm a captain. I understand that there are only 200 Vietnam guys from all services on active duty today. I don't whether that's true but that's what I've heard.

From a professional standpoint, going to sea is not a great job. It is to me. Going to the *Bataan* didn't have great promotion potential. If you're a commander it is. But I'm 62 years old. I love the Navy. I'm not interested in becoming an admiral. It's never going to happen. I know my station in life. I want to make a difference. And being a father to these kids was the biggest contribution I made on the *Bataan*. I knew every kid on that ship. I didn't know their names but I knew that kid has a bad back, that kid's father is in jail. That kid's mother beat him. I can tell you that stuff. I walk the deckplates and supervise. My big role was to train corpsmen and give them confidence. I relieved a doctor who was let go from the Navy. He had been brutal to the corpsmen. My job was to give these kids self-esteem. My vision statement was "We do the right thing and have fun doing it." That was Ben Newman's vision statement.

I'd like to go back to the preparations for your deployment.

Months before we left, I made sure we had supplies for a combat operation. When I came aboard the *Bataan* in September 2000, I got my staff together and told them that with the world situation being what it was, that we must be prepared. I had an intuitive feeling about that. As the new SMO, this was how we were going to do business. With that in mind all our training

was going to be realistic. I ordered more supplies than I had to. I was never intimidated by money. One of the good things about being a senior officer--there are some SMOs on large deck ships who are lieutenant commanders. . . The advantage being a commander or captain is that when you butt heads with a supply officer and say that you need this, I want this, you tend to get it. I always honored my OPTAR, my operating allowance. However, I knew that if we needed things and couldn't afford it, the Navy would not have me cancel sick call because we couldn't buy supplies that were medically necessary. I'm talking about common, everyday supplies. So when I ordered supplies and the supply officer told me that I exceeded my OPTAR, I kept going anyway. And they would say, "Okay, Doc, we'll get it." I always got my supplies. When we finally went from the Med to the Arabian Sea we were prepared.

One job I had, which every SMO has, is leadership. You have many medical fractions on that ship. When I started, I had just the *Bataan*'s medical team. Now I had the fleet surgical team, the embarked Marines and their medical team. And all these fractions work for the Senior Medical Officer. This is a hard transition for them. And that's the hardest job for the SMO--getting them working as a team. Now you're putting the wood winds and the percussion instruments, and the strings together and playing from one sheet of music. That takes skill, especially with doctors who are prima donnas. You know how we are. You've got five doctors and ten opinions. I have to honor that and respect that.

When I went aboard the *Bataan* it was the first time I had been at sea as a captain. As a lieutenant I wasn't privy to the planning and positioning of forces. Initially, we were destined to have a Mediterranean cruise with the 6th Fleet. The 5th Fleet wanted us. Sixth Fleet didn't want to release us to go with the 5th Fleet. There was nothing going on in the Med at that time. There's was lots going on in the 5th Fleet area of operation. GEN [Tommy] Franks had to get involved with this. We perceived that it was a kingdom problem. Sixth Fleet didn't want to give up an ARG [amphibious ready group] to some other fleet commander because he would have fewer ships to control. We were really in limbo for a couple of weeks until they finally duked it out.

We got off the coast of Pakistan and sent the 26 MEU in country. They did wonderful things. This was the longest amphibious line in the history of amphibious warfare--700 miles. It created all kinds of medical problems. We're used to an amphibious medical line being maybe a hundred miles. A 700-mile medevac back to your ship is a whole different ball game than a 50-mile medevac. There are no base hospitals close by. Seeb was a place we took people; Germany was a place we took people. But they weren't really ready for us. We were all under the impression that the *Bataan* and other classes of ships like the *Bataan* would be responsible for the Marines we put ashore. It didn't work out quite that way because the lines were so long. There was great praise for the *Bataan* setting all kinds of records for amphibious warfare.

But from my perspective, the warriors did nothing different. Who should get credit for all this is the supplies and logistics people. They had a nightmare to supply the troops at a distance much greater than they ever anticipated. The war tactics didn't change but the ARG gets a lot of credit for this new way of doing battle.

Medical had our own problems. Again, we not only had a great distance and the refueling in air and the delayed time in bringing people back, we were for the first time not the closest medical facility. In most amphibious operations the ship is the closest large medical facility. That's what it's designed to do. With this war, and Afghanistan not having any sea borders, it didn't work out that way. Our medevac lines had to change rapidly depending on the injury. If someone had a bad injury, the *Bataan* might not have been positioned properly to take

this patient. They might have had to go someplace that might not have been as good or capable but was closer. That had to be weighed case by case.

I'd like to ask you about preparation for this mission. You were in the Med and suddenly you found yourself involved in this new war.

It didn't happen quite that way. We actually had prepared for a 6-month Med cruise. This was to be the second cruise the *Bataan* had ever been on. The first cruise which was 6-months long, 38 days were at sea. All the rest of the days the ship was in port. This was what we were expecting and looking forward to.

11 September I was in my medical department when someone came down to me and said that a plane had just crashed into the World Trade Center. I wasn't thinking at all of the consequences. Then when another plane hit the other tower I said to myself as I ran up to the combat information center, that this was not an accident. We're at war. This is Pearl Harbor. When I got up to the combat information center and saw the big screen TV, I went to the XO's state room and said, "XO, I'm recalling my people." I forgot to mention that we were in a stand down period. Our deployment was scheduled for the 19th of September. Half the crew was gone. I was the first one who went to the XO. He said that was a good idea. We created a recall bill, put that in motion, and then 6 hours later we were underway.

We then went down toward Lejeune to pick up our Marines. We thought we should have gone to New York thinking that's where they needed us. When we got near Lejeune, the leadership didn't know what to do with us. Should we pick up the Marines? What do we do with this ship?

In the meantime, they called up the hospital ship and 4 days later we went back home to Norfolk. We refocused and then got ready to leave on the 19th of September, our normal deployment date for 6 months. We got to the Med and then Afghanistan began to kick up. The *Peleliu* was there and needed to go home. We know we have to go there but the commanders still needed to duke it out.

You still had your Marines aboard and ready to go.

Yes. From a medical standpoint, we had ship's crew, the medical department, which had a SMO, a general medical officer, and about 18 corpsmen. We also had the fleet surgical team aboard. That was another three doctors and a bunch of nurses and corpsmen. We also had the Marines on board with the MEU doctor and lots of corpsmen. We also had the aviation combat element with one flight surgeon and three or four corpsmen. That's a normal deployment crew.

We were spinning in the Med, doing exercises with Egypt-- "Operation Bright Star." Even with things heating up in Afghanistan, the powers that be decided that we needed to continue with the exercise. We were told that 85 percent of Egyptian officers felt that the WTC incident was justified and that the Americans deserved it. We're doing Bright Star with them and engaged with their country. We brought aboard about 35 officers as honored guests. We gave them state rooms and treated them very nicely. This is no exaggeration. When they left, they put stool--feces--all over the bulkheads in their living quarters and in the shower. We knew about it. I thought that we shouldn't let them off the ship until they cleaned it up but the powers above the Navy powers--the diplomats--said no and we had to let them leave the ship. They didn't want to start an incident. It was demoralizing to a lot of us. You can imagine what the sentiment was. Some wanted to shoot them. Others wanted to lock them up in the brig. Some

wanted to rub their noses in it and make them clean it up. At very least, making a formal complaint to the embassy. But they let them go and nothing was ever done.

Back to the medical stuff. We had the nine wounded from the B-52 raid. Our plan in treating patients was to treat them for 3 or 4 days and then they'd be medevaced to a higher facility or back into action. We were an echelon 2 medical facility. We stabilized these people and they were ready to go but no one knew what to do with them.

Hadn't those people been first treated in the field?

I'm not really sure who treated them first. We had a shock-trauma team at Camp Rhino. Some people had chest tubes in.

The Camp Rhino group?

Yes.

But they arrived already stabilized.

They would have because it was about 16 hours from initial treatment until we got them. We received notice that we were going to get 20 or 30 people in 2 hours. Then it was 6 hours. Then we didn't know when they were arriving. Then the helicopters launched, then had to go back because of a mechanical failure. We didn't know when they were going to launch again. My people were all up and buzzing, getting set up. And then 16 hours later they arrived. They may have been stable initially, but they weren't stable 16 hours later when they arrived.

As you said, your first casualties were the victims of the B-52 bombing that had gone awry.

That was the most dramatic but we had seen casualties before that. This was our first mass casualty situation.

You say that 16 hours had elapsed before you saw them on the *Bataan*. What shape were they in at that point?

They were dehydrated. The dressings were bloody and dirty. They were in a great deal of pain. But they didn't ask for any pain medicine. These are very stoic people. They were shocky and that's probably why they didn't ask for pain medicine. I noted that in their pockets they had opium plants. Part of their culture is to chew on opium and that probably nullified some of the pain.

These people were all Afghans.

Correct. There was one person who was minimally injured with a scalp wound. I'm not sure why he came. I was always suspicious of him. He didn't communicate well. I was concerned with him being Taliban or a terrorist--not a good guy. As far as I know it didn't turn out that way. He really didn't react very well to these other people. They didn't know him very well. I let my suspicions be heard. We had a lot of government agencies on board to interview some of these people. But I had no follow up and don't know what happened.

No one died. We had one come in who was already dead. In the initial report I was told by the ship's captain that this was a secret situation, that an Army Special Forces sergeant was killed and that he was coming in a body bag. And no one was to know about it. The body bag came in, we put him in the morgue, and I really needed to identify him. So the next day I went with my administrator, LT Christian, and we unzipped the bag. Clearly, this guy was an Afghan.

I went up to the captain on the bridge and said, "Skipper, I opened the body bag and it's not an American."

"How do you know? How do you know it's not an American who's dressed like an Afghan?"

"Come down and I'll show him to you."

"I'm not going to go down. I don't want to see him."

I took pictures and you'll see that he's not an American. I'm not sure why he died. He had treatment. He had an IV in his arm and a tourniquet on his arm above where it had been blown off. He had a hand wound and a little wound in his cheek. A bullet may have gone into his abdomen and he may have bled to death. I took things out of his pocket. He had opium seeds and some tobacco, which I gave to our intel people. The bigger question was what happened to that American sergeant. I told the captain that I was concerned that someone was missing. We never resolved it.

What kinds of wounds did you see in the live Afghan patients?

All had perforated ear drums. They had shrapnel wounds to the jaw. One was missing his jaw. They had collapsed lungs, massive fractures of the lower extremities. We had to amputate a leg. All these wounds were due to the bomb. Some were bleeding heavily. The bleeding had stopped at one time because it was all coagulated but they had lost a lot of blood and their pressure was low, they were shocky. A lot of that was dehydration plus blood loss. They hadn't eaten in over 16 hours. They never asked for food. We weren't prepared culturally to know what to feed them but we found out fast. We asked about that. Their diet was much different than ours. We respected their religion. That's a lesson to learn. You should probably learn the culture of the country you're going into and the religious beliefs. We ended up giving them fruit and vegetables and chicken. Initially, they didn't like our food but eventually started to eat it. Of course, there were no pork products.

We had some people who couldn't eat because of their wounds and we weren't prepared on the ship to give intravenous calories. There's another lesson to be learned. We normally get this kind of patient in 2 days but these patients were with us for weeks. Some couldn't eat because of facial wounds, a tracheotomy, or tubes in their stomachs. So we had to improvise. I told my supply officer what I wanted to do in terms of calories, carbohydrates, fats, and proteins, and we put food in a blender. We only had one blender on the ship. I think it was a sailor's blender. It didn't belong to the ship. We blended up some stuff to put in these tubes.

We weren't prepared for long-term care but we ended up with long-term care because the State Department, Navy, and Marines couldn't agree as to where we were to take these people. What hospital would we take them to. There were some in Kabul but they were non functional. They wanted to go back to their own country but no one would accept them. We also had sophisticatedly treated them in terms of tubes and intravenous and appliances that the average Afghan hospital couldn't handle. They wouldn't even know what these things were and couldn't give them the proper nursing care.

We ended up sending them to Seeb air force hospital in Pakistan and then Germany. Every week we'd get an update and they were all doing well.

These were all Northern Alliance patients. Did you treat any of the al Qaeda people?

Yes. We had a lot of detainees come in for medical problems not surgical or combat stuff. Like John Walker [Lindh]. He had a ding that we took care of. The *Peleliu* took a fragment out and we did the follow up.

Were the al Qaeda people sullen or hostile?

They were like animals in the sense that they were in a cage together. They didn't talk to each other. But they would huddle in groups and touch each other almost as though they were trying to keep warm even though it was warm on the ship. There was no smiling and they were very serious. Two spoke English--a British mercenary named Hicks who was a mean man, and John Walker. He also spoke Afghan but not well. I interviewed everyone who came in. When they came in, I stripped them naked, looked them over, and we recorded any scars or bumps. We had interpreters who asked them if they were taking any medicines or if they had any health problems. That was a 3-minute examination.

And I suspect there were guards standing by.

Yes. Armed guards. We were told that these were very well trained people that could stick a pen in your eye. They were trained to kill. We took our devices off our collars and put tape over our name tags. One of the comments they all made was, "Why is this hospital rocking?" They didn't know they were on a ship because they had come in at night with bags over their heads. They came down from the flight deck into the bowels of the ship with bags over their heads, taped.

The Afghan patients injured by the bomb we took topside and walked them around. Universally, they were amazed by the water. They had never seen water before. "What is that."

"That's the ocean."

"Where did that come from and how long has that been there? How much of it is there?"

I explained that this was the ocean and there are a lot of oceans and that the world had more water than dry land. They just couldn't fathom that at all.

I thought as warriors they would be fascinated by planes and helicopters. We walked up and down the flight deck. They wouldn't stare at the Harriers, the helicopters, or the armament. They just stared at the water. They were just fascinated by it. They didn't know that there was that much water in the world. Not where they came from.

Afghanistan has no infrastucture, no schools. What we learned from the Taliban, al Qaeda, and the Afghans was that there is no idealism. These folks don't fight for a cause. It's strictly business. We have to understand this. If we were walking down the street with a Taliban and I said to him, "I'll pay you a dollar to cut that man's throat because I'm making a video," that would be okay. There's no super ego at all. These people are Taliban today and just Afghan tomorrow or vice versa, whoever pays their bills. There's no great loyalty. They are a step up from cavemen. They look like cave people. They are fierce fighters because that's all they do is fight. We said to them, "It's winter and you're going back. We'd like to give you some boots." They wore dress shoes with the heels cut off. That's how they came aboard. They asked for nothing.

They eventually warmed up to us. After a few weeks, they'd smile and we'd talk, we'd take them up on the flight deck and give them some fresh air. We had some interpreters and we'd get along that way. But they never asked for anything, special clothes, special food.

One night John Walker was flown from the *Peleliu* to our ship for definitive medical care. He came over with several other detainees. The ship's mood was: This is an evil traitor

who should be dealt with meanly. I think the word was "professionally." That meant minimal comforts. Do minimum things. I was told that I would be the physician who would see him every day. I evaluated him as I did all the other detainees. They got undressed in front of me, I'd inspect their bodies for scars, wounds, then examine their rectum to be sure there was nothing hidden inside. Then I asked them if they had any health problems. Was he being well treated. I recorded this for historic purposes. In fact, somebody told the commodore that I videotaped Walker, which wasn't true. You couldn't bring a video camera into the brig. You had to leave all packages outside. You had to take your pens out of your pocket. You had to take your devices off your collar, and you had to put tape over your name tag as precautions.

I saw Walker every day and got to know him. He never asked for anything special. I felt that the caloric intake provided by the ship was inadequate for a man of his age. He had been depleted for weeks of being captive. And his wounds. . .

What were his wounds?

He had a bullet wound in his thigh and a shrapnel wound in his foot. That was from the fight in Mazar-e sharif. He spent a week with dead and wounded hiding in a cellar.

Did you have to extract the fragments?

No. That was done on the *Peleliu* but his wound was minimally infected and I took care of it. I sent a surgeon down to cover all bases, but he thought what I was doing was fine. I always went down. Knowing that anyone who would be in contact with him might be subpoenaed later, the skipper kept the exposure to other members of the crew minimal. The skipper had guidelines that no one would see him except the absolute minimum of people that had to see him. You had to be on a list to walk into his cell. As it turned out, both the surgeon and I were subpoenaed.

I realized that his diet was inadequate and told the XO about that. He was very reluctant to change because this was an evil man. I told him that as a physician I had to overlook his political doings, thoughts, and processes, and I saw him as a patient not as a bad person. I suggested to the XO that he should want me to do it that way. I said there should be balance. He was doing the line thing and I was doing the medical thing. We augmented each other. He and the CO never quite saw it that way. But when I told the XO that we had to give him more calories not only because he needed them but to protect ourselves. If the Red Cross or other humane organizations came aboard, that they might accuse him of maltreating this prisoner. And that argument got his attention. I also requested a Koran. The only request John Walker made of me was that he get a Koran. He never asked for more food. I enlisted the help of the chaplain to get him a Koran. I placed him on vitamins and also went down to the ship's store and got some candy--powerbars--and gave him a power bar a day. He was grateful.

We didn't talk much about his political beliefs. I did ask him about his parents and his family and how he got involved with the Muslim religion. He told me his hero was Malcolm X. Even though he was reluctant to talk with me at the beginning, as we developed the relationship, he became more open. I also bought him a *Bataan* patch as a souvenir when he was leaving the ship.

What were some of the things you talked about with John Walker Lindh?

His life. In the very beginning it was one-word answers, two-word answers. My justification for asking him questions. . . The worst thing that could happen to me as a medical

officer on the *Bataan* was to have Walker commit suicide. That would be terrible for me. So one of the justifications . . . I do believe this sincerely . . . I was very determined to get a handle on his psyche. If I saw any change--depression or a worsening, then I would be very aggressive in taking suicide precautions, which we did do normally. I would tell the skipper that that was the reason I was involved with Walker. The skipper was really angry with me and thought I was insubordinate. (Nevertheless, he gave me a 5.0 fitrep.) I'd say, "Skipper, why are you upset? This guy's an American. He hasn't been tried. He's innocent until proven guilty." All he knew about the guy is what he saw on CNN. You can't do that to somebody in this country.

Did you ever have a situation where a Marine or a Northern Alliance fighter said, "Doc, I've gotta get back, just treat me and let me get back?

Yes. The Afghans we treated wanted to go home. "Sure, we're getting a flight, we're working it out." The ship asked me to be the bad guy with this. I went to the CO and said, "I'm getting pressure. What am going to tell this guy?" I think the 11th of December is a holiday for them. They kept telling me that date. They wanted to go back to their families for the holiday. One said that he didn't want to have an operation. He wanted to go right then. Every day they wanted to go back.

Did you have corpsmen during that time who improvised or did something extraordinary?

There was a corpsman who bagged an Afghan who had been intubated for 12 hours from Kabul all the way to the ship. It took 12 hours to go from Kabul to Pasni in Pakistan with time to refuel. He was awarded a citation. Our interpreter was an aviation seaman who was born in Pakistan and he got the Meritorious Service Medal for his work.